

1/5

Question no.	Question
1	AGE ?
2	GENDER ?
3	NAME ?
4	ADDRESS ?
.	
.	
.	
.	
25	HAVE YOU HAD OR DO YOU HAVE DISEASE X
.	
.	
.	

Fig. 1

51	Field 1	Security control 1	51a
52	Field 2	Security control 2	52a
53	Field 3	Security control 3	53a
.		.	
.		.	
.		.	

Fig. 4

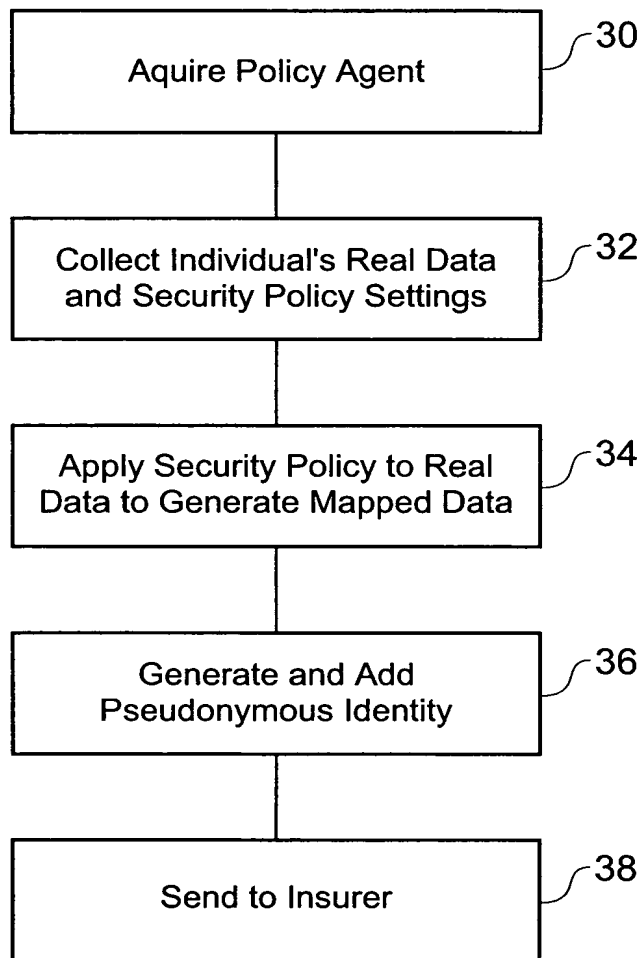


Fig. 2

3/5

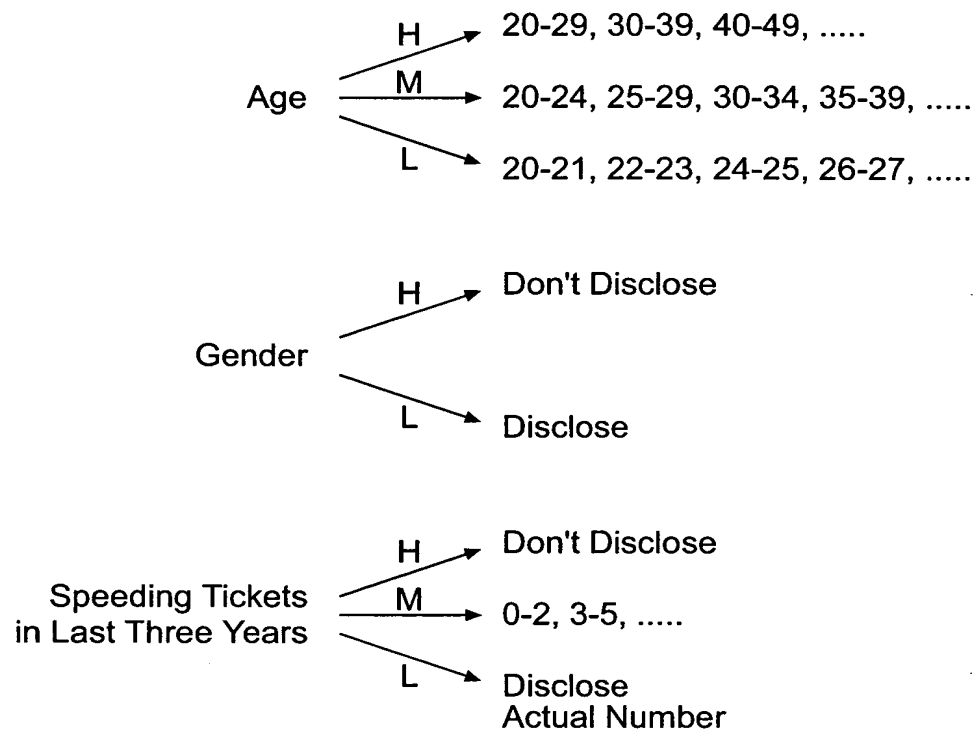


Fig. 3

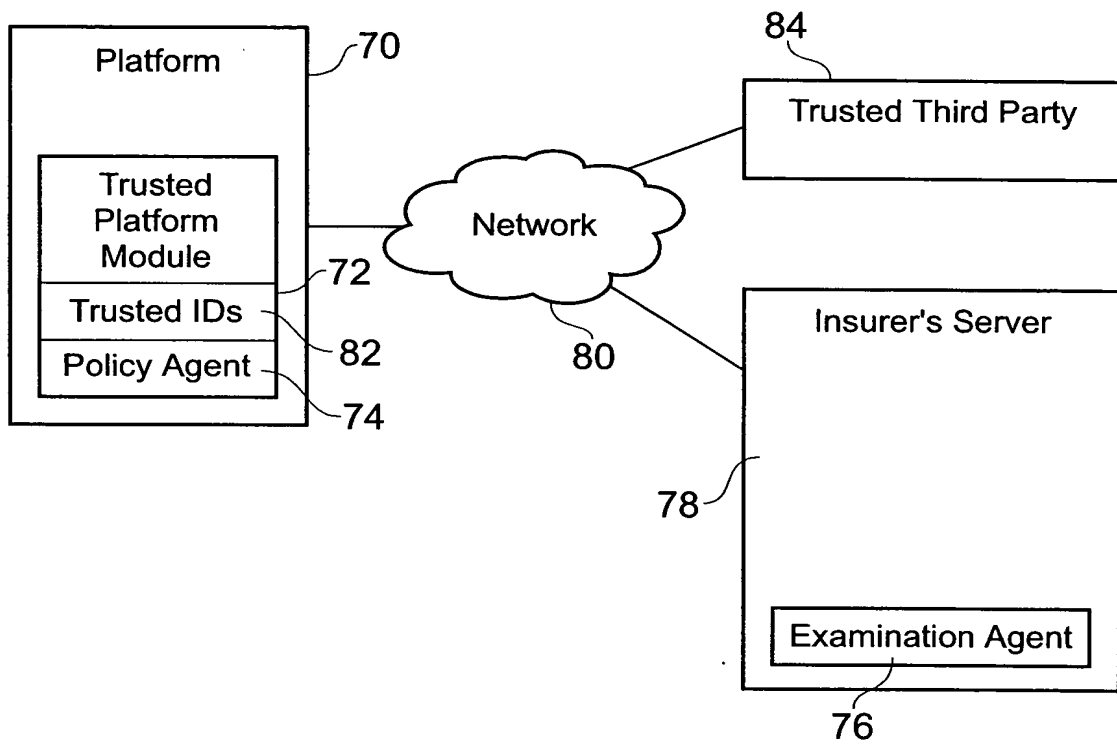


Fig. 5

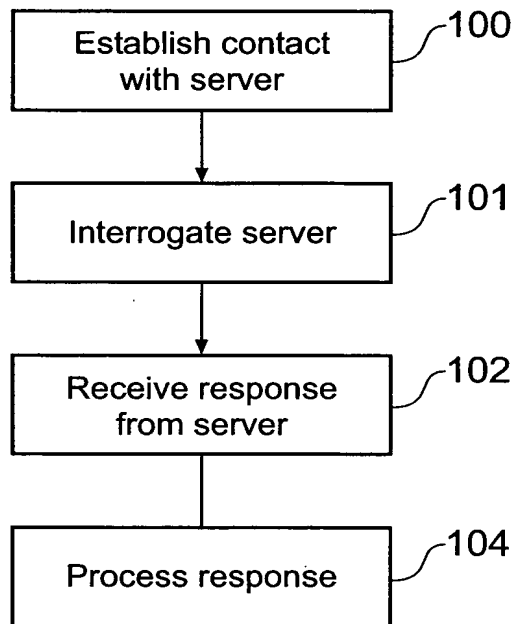


Fig. 6